

# RUNNING ON EMPTY

*(excerpted from the Sacramento Bee)*

## **In their bid to win at cross country, many teen female athletes starve themselves**

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If running phenom **Caitlin Chock** returns to the national cross-country championships, credit ice cream with an assist.

"I eat a lot of ice cream," Chock said with a disarming giggle. "I need to eat a lot."

Chock, 17, knows now she must eat to stay healthy, about 4,000 calories a day. She must eat to run.

The Division II state champion from Granite Bay High School learned that lesson dramatically at last year's nationals. Starving herself with a self-styled diet, Chock ran one of the worst races of her storied career. Feeling weak and mentally exhausted, she subsequently spent two months in a hospital.

Thinking thinner meant faster, Chock developed an eating disorder.

"I came up with my own diet," Chock said. "I basically cut out all fat and protein, except for a little bit of turkey -- maybe. A lot of times, I just wouldn't eat."

Her weight dropped to 92 pounds, way too skinny for her 5-foot-5 frame. She was literally a 98-pound weakling when she checked into the hospital in February, her muscles deprived of nutrients. After months of therapy and careful supervision, she says she now weighs a healthy 115. She is running again.

Chock is by no means alone in her food fight. Almost two-thirds of female distance runners are believed to grapple with the same problem, usually in secret.

The incidence of eating disorders has been estimated as high as 62 percent among teenage girls who run long distances. Among all teen girls, the rate is one in 20.

They are driven by a need for speed, and for a little while, the excessive dieting pays off with faster times. But in the long run, the health side effects can last a lifetime.

Although some male runners suffer from eating disorders, it's much rarer, with estimates of one boy to every 11 girls with the problem.

Some cases, often forms of anorexia nervosa, are extreme. But most fall into a subclinical group sometimes labeled "anorexia athletica" because this behavior is so common among young female athletes.

"I call it disordered eating," said Laguna Creek cross-country coach Amber Lassetter, who has seen the symptoms many times. "They become totally obsessive about what they put in their mouths. They'll never eat cookies. They count calories constantly. But the result is they don't eat enough and they don't get the fuel they need for their bodies."

Many runners combine this obsessive dieting with equally compulsive exercise and perfectionist personalities. After a five-mile workout, they'll head to the gym for an hour or more of lifting weights -- even when exhausted.

Coaches are becoming more aware of the problem.

"With girls in particular when they first start running, they lose weight and they get faster," Lassetter said. "They start thinking, 'If I lose more, I'll keep getting faster.' But they don't realize their bodies are breaking down."

Lassetter coaches one of the area's elite runners: Division I state champion Rachel Bryan, who has been sidelined by a foot injury and a high gluteus strain. They talk about nutrition often.

"I really try to educate my kids about the importance of eating a balanced diet," said Lassetter. "I emphasize eating throughout the day."

But warning signs can be camouflaged.

Athletes may try to hide their dieting by refusing to eat with their team, Sparks suggested. But even when watched closely, the struggle may be underestimated.

"Eating was something Caitlin battled with for awhile," said Steve Barth, her Granite Bay coach. "Even at her healthiest, she's slight of frame. (Her weight loss) wasn't something as drastic as you might think."

"Things are definitely better than they have been," Linda Chock said while dishing out the pasta to her four children. "We want to make sure she stays healthy. She loves running. She's genetically blessed for her sport and very self-motivated. As a runner, you have to be."

Before Caitlin's diagnosis, Linda Chock made sure her daughter ate before every meet, preaching to her the importance of carbohydrates. At the Foot Locker National Cross Country Championships in December, away from home in San Diego, that routine broke down.

"They had a big buffet for the athletes, and everything was smothered in gravy," Caitlin said. "I said to myself, I can't eat that stuff! There must be gobs of fat in there. I just got scared."

Chock tried to exist on fruit and vegetables, hiding the fact that she was starving. Without fuel for her muscles, a girl used to winning finished 26th in a field of 32 with a time of 18 minutes 51 seconds -- 92 seconds slower than her 2002 personal best for a 5K race.

Chock became extremely withdrawn. After a few weeks of outpatient therapy, she checked into the Herrick Hospital in Berkeley for two months of intense treatment.

"The people in there had all sorts of disorders," she said. "It was a real eye-opener. I thought my problems were kind of bad, but I realized it could be a lot worse."

Chock was cut off from the outside world; no music, no TV, no newspapers. And the worst part, absolutely no running for five months.

"That was awful," she said. "I just wanted to come home. I was sick of talking about my feelings, of being cooped up totally."

"Running is my passion," she added. "I'm a much happier person when I run. I want to run for the rest of my life."

But the treatment worked. Chock started loving food instead of fearing calories.

"My input has to equal my output," she explained, noting she needs about 4,000 calories a day while in training. "It took me a long time, but it was a hard lesson definitely worth learning. I've got to be strong."

She's back running with her Granite Bay teammates, with hopes of defending her state title and returning to nationals.

"She's by far the best runner I've ever had the opportunity to coach," said coach Barth. "Someone like that comes around very infrequently."

Chock's typical training schedule logs 50 miles a week, including one 12-mile run. In July, she strained her hip while overstriding on a hill, delaying her comeback by two months. "I was doing too much," she said.

In her first race since the nationals, she won the Yolo County Championships on Saturday, beating a field of 86 while leading Granite Bay to a victory.

Her teammates welcomed her back. "Everyone supports me," Chock said. "It's all out in the open. They don't want to end up like that. We're all well aware now. It's important to be healthy."



# THE FEMALE ATHLETE TRIAD

With dreams of Olympic trials and college scholarships in her mind, Hannah joined the track team her freshman year and trained hard to become a lean, strong sprinter. When her coach told her losing a few pounds would improve her performance, she didn't hesitate to start counting calories and increasing the duration of her workouts. She was too busy with practices and meets to notice that her period had stopped - she was more worried about the stress fracture in her ankle slowing her down.

Although Hannah thinks her intense training and disciplined diet are helping her performance, they may actually be hurting her - and her health.

## What Is Female Athlete Triad?

There's no doubt about it - playing sports and exercise are part of a balanced, healthy lifestyle. Girls who play sports are healthier; get better grades; are less likely to experience depression; and use alcohol, cigarettes, and drugs less frequently. But for some girls, not balancing the needs of their bodies and their sports can have major consequences.

Some girls who play sports or exercise are at risk for a problem called **female athlete triad**. Female athlete triad - also known as female athletic triad - is a combination of three conditions: **disordered eating**, **amenorrhea** (pronounced: ay-meh-nuh-ree-uh, which means loss of a girl's period), and **osteoporosis** (a weakening of the bones). A female athlete can have one, two, or all three parts of the triad.

### WHAT ARE THE SIGNS AND SYMPTOMS?

If a girl has risk factors for female athlete triad, she may already be experiencing some symptoms and signs of the disorder, such as:

- \* weight loss
- \* no periods or irregular periods
- \* fatigue and decreased ability to concentrate
- \* stress fractures (fractures that occur even if a person hasn't had a significant injury)
- \* muscle injuries

### GIRLS WITH FEMALE ATHLETE TRIAD OFTEN HAVE SIGNS AND SYMPTOMS OF EATING DISORDERS, SUCH AS:

- \* eating alone
- \* preoccupation with food and weight
- \* continuous drinking of water and diet soda
- \* frequent trips to the bathroom during and after meals
- \* using laxatives
- \* presence of lanugo hair (fine, soft hair that grows on the body)
- \* tooth enamel that's worn away from frequent vomiting
- \* anemia (fewer red blood cells in the blood than normal)
- \* sensitivity to cold
- \* heart irregularities and chest pain

### **Triad Factor #1: Disordered Eating**

Girls who have the disordered eating that accompanies female athlete triad often have many of the signs and symptoms of anorexia nervosa or bulimia nervosa, such as low body weight for their height and age and episodes of binge eating and purging. But girls with

female athlete triad try to lose weight primarily to improve their athletic performance. Sometimes the disordered eating that accompanies this condition isn't technically

### COMMON CHARACTERISTICS OF PATIENTS WHO HAVE THE FEMALE ATHLETE TRIAD

- Perfectionist personality; high expectations for self
- Competitive athlete
- Self-critical behavior
- Low self-esteem
- Depressive symptoms
- Achieving or maintaining low body weight and lean physique
- Stress fracture without significant change in training
- Multiple or recurrent stress fractures
- Young age (adolescent, young adult)

an eating disorder. Many girls with female athlete triad are simply trying to become better at their chosen sports. But like teens with eating disorders, girls with female athlete triad may use behaviors such as calorie restriction, purging, and exercise to lose weight.

#### **Triad Factor #2: Amenorrhea**

Because a girl with female athlete triad is simultaneously exercising intensely and reducing her weight, she may experience decreases in estrogen, the hormone that helps to regulate the menstrual cycle. As a result, a girl's

periods may become irregular or stop altogether. Some girls who participate intensively in sports may never even get their first period because they've been training so hard - this is called **primary amenorrhea**. Other girls may have had periods, but once they increase their training and change their eating habits, their periods may stop - this is called **secondary amenorrhea**.

#### **Triad Factor #3: Osteoporosis**

Low estrogen levels and poor nutrition can also lead to osteoporosis, the third aspect of the triad. Osteoporosis is a weakening of the bones due to the loss of bone density and improper bone formation. This condition can ruin a female athlete's career because it may lead to stress fractures and other injuries due to weakened bones. Because of poor nutrition, a girl's body may not be able to repair the injuries efficiently.

Usually, the teen years are a time when girls should be building up their bone mass to their highest levels - called peak bone mass. Female athlete triad can lead to a lower level of peak bone mass and a lot of time on the sidelines. After she becomes an adult, a girl may also develop health problems related to osteoporosis at an earlier age than she would have otherwise.

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### TO PREVENT OUR FEMALE ATHLETES FROM TAKING THIS PATH OF DESTRUCTION, WE NEED TO LOOK TO THE FOLLOWING PREDISPOSING RISK FACTORS:

- Chronic dieting,
- Low self-esteem,
- Family dysfunction,
- Perfectionism, and
- Lack of nutrition knowledge.

### ALSO, THERE ARE RISK FACTORS THAT ARE SPORT SPECIFIC:

- Emphasis on body weight for performance and/or appearance,
- Pressure to lose weight from parents, coaches, judges, and peers,
- Drive to win at any cost,
- Self-identity as an athlete only,
- Early intervention of training or sudden increase in training,
- Exercises through injury,
- Over-trained and undernourished,
- Traumatic event (e.g., loss of coach), and
- Vulnerable times (e.g., growth spurt, entering college).